## EXHIBIT C

Case 06-10725-gwz Doc 8494-3 E	ntered 06/17/11 17: <u>5</u> 4	:54 Page 2 of 12
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA  PRO	OOF OF CLAIM	
Name of Debtor Case No	ımher:	
10		
USIA COMMERCIAL MORIGINGS SIMING 06	-10725-LBR	
NOTE See Reverse for List of Debtors and Case Numbers	П., .,	
This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an	Check box if you are aware that anyone else has	
administrative expense may be filed pursuant to 11 U S C § 503	filed a proof of claim relating to your claim. Attach copy of	
Name of Creditor and Address: JANICE JANIS TRUSTEE OF the LIVING TRUST	statement giving particulars	
	Check box if you have	
dated 2/3/99	never received any notices	
C/O JANICE JANIS TRUSTEE	#	NOT FILE THIS PROOF OF CLAIM FOR A CURED INTEREST IN A BORROWER THAT IS NOT
406 Pearl 57		E OF THE DEBTORS
Boulder, Co 80302-4931	differs from the address on the	If you have already filed a proof of claim with the nkruptcy Court or BMC you do not need to file again
Creditor Telephone Number (303 443-7474	courc	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces	a previously filed claim dated 61-09-07
283	If this claim amends	The state of the s
	benefits as defined in 11 USC §	1114(a) Unremitted principal
Goods sold Personal injury/wrongful death Wages	salaries and compensation (fill o	out below)
Services performed Taxes Last fou	r digits of your SS#	(not for loan balances)
Money loaned Unpaid See B×h, b, T A Unpaid	compensation for services perfori	med from to
See BXhibiT H		(date) (date)
2 DATE DEBT WAS INCURRED 1/-2/-03 3 IF C	OURT JUDGMENT, DATE OBT.	AINED
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best described See reverse side for important explanations	ibe your claim and state the amount o	of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$ 202,956 24	SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim, or b) your claim	l limit	claim is secured by collateral (including
exceeds the value of the property securing it, or if c) none or only part of your claim is	P	
entitled to priority UNSECURED PRIORITY CLAIM	Brief description of col	
Check this box if you have an unsecured claim, all or part of which is	Real Estate	
entitled to priority	Value of Collateral	\$ UNKNOWN
Amount entitled to priority \$	Amount of arrearage and o	ther charges at time case filed included in
Specify the priority of the claim.	secured claim, if any \$	2756,24
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		ourchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days	· ·	pusehold use -11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		mental units - 11 U S C § 507(a)(8)
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		ph of 11 U.S.C§ 507(a) () ent on 4/1/07 and every 3 years thereafter
		on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 202,956 24 \$ 202,	95624 \$	\$ 202,956,24
(unsecured)	secured) (1	orionty) (Total)
Check this box if claim includes interest or other charges in addition to the principal	amount of the claim Attach itemize	ed statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and	deducted for the purpose of maki	ng this proof of claim
7 SUPPORTING DOCUMENTS. Attach copies of supporting documents, s	uch as promissory notes, purchas	se orders, invoices, itemized statements of
running accounts contracts, court judgments, mortgages security agreement DOCUMENTS If the documents are not available, explain. If the document		
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of	•	•
proof of claim	•	
The original of this completed proof of claim form must be sent by mail		
ACCEPTED) so that it is actually received on or before 5-00 pm, prevailing for each person or entity (including individuals, partnerships, corporate	•	3, 2006 USE ONLY
governmental units)	,	
BMC Group BMC Gro	•	
	ACM Claims Docketing Center st Franklin Avenue	1 2 1 4 1 9007
1	do, CA 90245	FILED JAN 11 2007
DATE SIGN and print the name and title if any of the creditor		USA CMC
this claim (attack copy of power of attorney if any)		DI BELLIN DE LA CALLA DE L
	Trustee	1072502099
Panelty for presenting freudulant claim is a fine of up to \$500 (00) or impressing for up to	Cat 22 22 4701 diadra money	AND 2571

UNITED STATES BANKRUPTCY COURT-DISTRICT OF NEVADA		PROOF OF CLAIM -Chapter  13 17 11 7 Other
Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	(This space for court use)
NOTE This form should NOT be used to make a claim for an administrat the case. A "request" for payment of an administrative expense may be fil	ive expense arising after the communeement of ed pursuant to 11 U S C Section 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property)	Check box if you are aware that anyone else has filed a proof of claim relating to your claim	
Mallm Family Trust dated 7/12/99	Attach copy of statement giving particulars	
Name & address where notices should be sent Joe Laxague, Esq	Check box if you have never received any notices from the	
Cane Clark LLP	bankruptcy court in this case  Check box if the address differs	
3272 E Warm Springs	from the address on the cove-	
Las Vegas, NV 89120 Telephone number (702)312-6255	lope sent to you by the court	
Account or other number by which creditor identifies debtor	Check here if this claim  Dreplaces Damonds a p	previously filed claim dated
1 BASIS FOR CLAIM	Retiree benefits as defined in 11 t	
☐ Goods sold	☐ Wages salaries and compensation	
☐ Services performed ☐ Money loaned	Your Social Security #	non performed from
☐ Personal mjury/wrongful death	Onpara compensation in servi	ices perferince from
☐ ſaxes	(date)	_To(date)
Other		
2 Date debt was incurred varies	3 If court judgmen	it, date obtained
see attachments)  If all or part of your claim is secured or entitled  □ Check this box if claim includes interest or other cha of all interest or additional charges	d to priority, also complete Item 5	
5 Secured Claim.  Check this box if your claim is secured by collateral (including a right of setoff)	6 Unsecured Priority Claim.  Check this box if you have an a Amount entitled to priority \$	
Brief description of collateral  Real Estate		ssions up to \$4,650* carned within 90 days of the debtor's
Other		• • • • • • • • • • • • • • • • • • • •
Value of collateral Sunknown		
I VALUE OF CORRECTAL BUHKHOWN		vee benefit plan - 11 U S C § 507(a)(4) toward purchase lease or rental of property
	Or services for personal ta	toward purchase lease or rental of property unily or household use- I1 U S C § 507(a)(6)
Amount of arrearage and other charges at time case	Or services for personal ta	toward purchase lease or rental of property unily or household use- I1 U S C § 507(a)(6) support owed to a spouse, former spouse or
	Or services for personal fa  Alimony maintenance, or child- 11 U S C § 507(a)(  Laxes or penalties owed to	toward purchase lease or rental of property unily or household use- I1 U S C § 507(a)(6) support owed to a spouse, former spouse or 7) governmental units II U S C § 507(a)(8)
Amount of arrearage and other charges at time case	Or services for personal fa  Alimony maintchance, or child- 11 U S C § 507(a)(  I axes or penalties owed to OTHER-Specify applicable	toward purchase lease or rental of property analy or household use- 11 U S C § 507(a)(6) support owed to a spouse, former spouse or 7) governmental units 11 U S C § 507(a)(8) e paragraph of 11 U S C § 507(a)() 4/1/98 and every three years thereafter with respect to cases
Amount of arrearage and other charges at time case filed included in secured claim if any  \$\text{amount due in full}\$	Or services for personal fa  Alimony maintenance, or child- 11 U S C § 507(a)(  Laxes or penalties owed to OTHER-Specify applicable *Amounts are subject to adjustment on commenced on or after the date of adjust	toward purchase lease or rental of property analy or household use- I1 U S C § 507(a)(6) support owed to a spouse, former spouse or 7) governmental units II U S C § 507(a)(8) c paragraph of 11 U S C § 507(a)()  4/1/98 and every three years thereafter with respect to cases stment
Amount of arrearage and other charges at time case filed included in secured claim if any  Samount due in full  7 Credits The amount of all payments on this claim has b purpose of making this proof of claim	Or services for personal fa  Alimony maintenance, or child- 11 U S C § 507(a)(  I axes or penalties owed to  OTHER-Specify applicable *Amounts are subject to adjustment on commenced on or after the date of adjustment and deducted for the	toward purchase lease or rental of property analy or household use- I1 U S C § 507(a)(6) support owed to a spouse, former spouse or 7) governmental units II U S C § 507(a)(8) e paragraph of 11 U S C § 507(a)() 4/1/98 and every three years thereafter with respect to cases
Amount of arrearage and other charges at time case filed included in secured claim if any  \$\frac{\text{smount due in full}}{\text{order}}\$  7 Credits. The amount of all payments on this claim has be purpose of making this proof of claim.  8 Supporting documents. Attach copies of supporting documents.	Or services for personal fa  Alimony maintenance, or child- 11 U S C § 507(a)(  I laxes or penalties owed to  OTHER-Specify applicable *Amounts are subject to adjustment on commenced on or after the date of adjustments such as promissory notes	toward purchase lease or rental of property analy or household use- I1 U S C § 507(a)(6) support owed to a spouse, former spouse or 7) governmental umts II U S C § 507(a)(8) c paragraph of 11 U S C § 507(a)()  4/1/98 and every three years thereafter with respect to cases stment  (This space for court use)
Amount of arrearage and other charges at time case filed included in secured claim if any  Samount due in full  7 Credits. The amount of all payments on this claim has b purpose of making this proof of claim  8 Supporting documents. Attach copies of supporting dopurchase orders invoices itemized statements of running judgments, mortgages security agreements, and evidence	Or services for personal fa  Alimony maintenance, or child- 11 U S C § 507(a)(  I axes or penalties owed to  OTHER-Specify applicable *Amounts are subject to adjustment on commenced on or after the date of adjustments such as promissory notes accounts, contracts court of perfection of lien DO NO1	toward purchase lease or rental of property analy or household use- I1 U S C § 507(a)(6) support owed to a spouse, former spouse or 7) governmental units II U S C § 507(a)(8) c paragraph of 11 U S C § 507(a)()  4/1/98 and every three years thereafter with respect to cases stment
Amount of arrearage and other charges at time case filed included in secured claim if any  Samount due in full  7 Credits. The amount of all payments on this claim has be purpose of making this proof of claim.  8 Supporting documents. Attach copies of supporting dopurchase orders invoices itemized statements of running.	Or services for personal fa  Alimony maintenance, or child- 11 U S C § 507(a)(  I axes or penalties owed to  OTHER-Specify applicable *Amounts are subject to adjustment on commenced on or after the date of adjustments such as promissory notes accounts, contracts court of perfection of lien DO NO1	toward purchase lease or rental of property analy or household use- I1 U S C § 507(a)(6) support owed to a spouse, former spouse or 7) governmental umts II U S C § 507(a)(8) c paragraph of 11 U S C § 507(a)()  4/1/98 and every three years thereafter with respect to cases stment  (This space for court use)
Amount of arrearage and other charges at time case filed included in secured claim if any  Samount due in full  7 Credits. The amount of all payments on this claim has be purpose of making this proof of claim.  8 Supporting documents. Attach copies of supporting dopurchase orders invoices itemized statements of running judgments, mortgages security agreements, and evidence SEND ORIGINAL DOCUMENTS. If the documents are	Or services for personal fa  Alimony maintenance, or child- 11 U S C § 507(a)(  I axes or penalties owed to  OTHER-Specify applicable *Amounts are subject to adjustment on commenced on or after the date of adjustment on commenced and deducted for the counents such as promissory notes accounts, contracts court to of perfection of lien DO NO1 e not available explain. If the	toward purchase lease or rental of property analy or household use- I1 U S C § 507(a)(6) support owed to a spouse, former spouse or 7) governmental umts II U S C § 507(a)(8) c paragraph of 11 U S C § 507(a)()  4/1/98 and every three years thereafter with respect to cases stment  (This space for court use)
Amount of arrearage and other charges at time case filed included in secured claim if any  Samount due in full  7 Credits The amount of all payments on this claim has be purpose of making this proof of claim  8 Supporting documents Attach copies of supporting documents orders invoices itemized statements of running judgments, mortgages security agreements, and evidence SEND ORIGINAL DOCUMENTS. If the documents are documents are voluminous, attach a summary  9 Date-Stamped copy. To receive an acknowledgment of	Or services for personal fa  Alimony maintenance, or child- 11 U S C § 507(a)(  I laxes or penalties owed to  OTHER-Specify applicable *Amounts are subject to adjustment on commenced on or after the date of adjustments such as promissory notes g accounts, contracts court to perfection of lien DO NO1 to enot available explain If the the filing of your claim enclose a for claim.	toward purchase lease or rental of property analy or household use- I1 U S C § 507(a)(6) support owed to a spouse, former spouse or 7; governmental umts I1 U S C § 507(a)(8) c paragraph of 11 U S C § 507(a)()  4/1/98 and every three years thereafter with respect to cases stment  (This space for court use)
Amount of arrearage and other charges at time case filed included in secured claim if any  Samount due in full  7 Credits The amount of all payments on this claim has be purpose of making this proof of claim  8 Supporting documents Attach copies of supporting does purchase orders invoices itemized statements of running judgments, mortgages security agreements, and evidence SEND ORIGINAL DOCUMENTS. If the documents are documents are voluminous, attach a summary.  9 Date-Stamped copy. To receive an acknowledgment of stamped, self-addressed envelope and a copy of this proof.	Or services for personal fa  Alimony maintenance, or child- 11 U S C § 507(a)(  I laxes or penalties owed to  OTHER-Specify applicable *Amounts are subject to adjustment on commenced on or after the date of adjustments such as promissory notes g accounts, contracts court to perfection of lien DO NO1 to enot available explain If the the filing of your claim enclose a for claim.	toward purchase lease or rental of property analy or household use- I1 U S C § 507(a)(6) support owed to a spouse, former spouse or 7) governmental units II U S C § 507(a)(8) to paragraph of 11 U S C § 507(a)()  4/1/98 and every three years thereafter with respect to cases stiment  (This space for court use)  FILED NOV 13 2006

Entered 06/17/11 17:54:54

UNITED STATES BANKRUPTCY COURT  DISTRICT OF NEVADA		OF OF CLAIM		AIM IS SCHEDULED AS
Name of Dolday			Schedule/Claim II	
	Case Number		Amount/Classifica	
USA Commercial Mortgage Company	06-107	25-LBR	\$2,329-94 Uneset	
			seebe	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case A "request' for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	The amounts eller	Ted about constitute your claim as
Name of Creditor and Address  MARGUERITE FALKENBORG 2000 TRUST DATED 6/20/00 C/O MARGUERITE FALKENBORG TRUSTEE 727 3RD AVE CHULA VISTA CA 91910 5803	01252	statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the	you agree with the other claim against this proof of claim. If the amounts shr Unliquidated or Pitled	bettor of pursuant to a filed claim if amounts set forth herein and have no like Destor you do not need to file EXCEPT as stated below fown above are listed as Contingent isputed, a proof of claim must be add filed a proof of glaim with the of BMC you do not need to file again
619 Creditor Telephone Number (619 427 - 0550		court	1	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor	Check here Trepla		
CLIENT 10 3070 3070		Check here or amer	<ul> <li>a previously</li> </ul>	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages s	alaries and compensation	(fill out below)	Other claims against servicer (not for loan balances)
Services performed Taxes		digits of your SS #		2010
Money loaned  Other (describe briefly)	Unpaid co	ompensation for services pe	erformed from de	(date) to backers/fe
2 DATE DEBT WAS INCURRED	3 IF CO	OURT JUDGMENT, DATE O	DBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that the second second for important evaluations	best describ	e your claim and state the amou	nt of the claim at the	e time case filed
LINGECTIPED NONDPROPERTY CLAIM SC > 25 - 25 - 25	intere	SECURED CLAIM		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that it See reverse side for important explanations 37.06723 UNIX UNSECURED NONPRIORITY CLAIM \$1,318.24 oncent	our claim	Check this box if y	our claim is secu	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of your entitled to priority unknown ant for fraud	r claim is	a right of setoff)		
UNSECURED PRIORITY CLAIM	<u> </u>	Brief description of		<b>—</b> .
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate  Value of Collateral	Motor Vehicle	21,5 million
Amount entitled to priority \$		Amount of arrearage a	nd other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	\$ 200 charges	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward services for personal family of		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go	vernmental units 1	1 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para	-	
Contributions to all employee benefit plan 11000 g 307(a)(3)		* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ 3 8, 985.57 \$	755,	381,24 \$		\$ 793,366.81
AT TIME CASE FILED  Check this box if claim includes interest or other charges in addition to the charges in the charges in addition to the charges in the char	(se	ecured) amount of the claim Attach ite	( priority) emized statement o	tunknown for freu
6 CREDITS The amount of all payments on this claim has been cred	dited and c	leducted for the purpose of	making this proof	of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u> running accounts contracts court judgments mortgages, security a DOCUMENTS If the documents are not available, explain. If the do	agreenfent	s, and evidence of perfectio	n of lien DO NO	oces, itemized statements of OT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•	d envelope and copy of this
The original of this completed proof of claim form must be sen				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 1 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and				USE ONLY
governmental units)	ВУ НАМО (	OR OVERNIGHT DELIVERY TO	,	
BMC Group	BMC Grou	1b		
	ter Attn USACM Claims Docketing Cent 1330 East Franklin Avenue			
El Segundo CA 90245 0911	El Seguno	lo, CA 90245		
DATE SIGN and print the name and title if any of the	creditor or o	other person authorized to file		USA CMC
1-9-07 Ally Colors Colors Colors of power of partitions	y II ally)	000		

Case 06-10725-gwz	ntered 06/17/11 17:5	4:54 Page 5 of 12
	ROOF OF CLAIM	
DISTRICT OF NEVADA		
Name of Debtor Case	Number	
USA Commercial Mortgage Company 06-	10725-LBR	
NOTE See Reverse for List of Debtors and Case Numbers	Observations of the second	
This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an	Check box if you are aware that anyone else has	IF YOU ARE ONLY OWER MONEY BY A RORROWER
administrative expense may be filed pursuant to 11 U S C § 503	filed a proof of claim relating to your claim. Attach copy of	IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE
Name of Creditor and Address	statement giving particulars	DEBTORS YOU DO <u>NOT</u> HAVE TO FILE A PROOF OF CLAIM THIS INCLUDES MONEY FROM THAT
BRECHT MARSHAL TRUST DOTED 2/5/8	Check box if you have never received any notices	BORROWER HELD IN THE COLLECTION ACCOUNT
640 COLONIAL CIRCLE	from the bankruptcy court or	DO NOT FILE THIS PROOF OF CLAIM FOR A
FULLERTON CA 92835  MARSHOLL J & JANET & BRECHT	BMC Group in this case  Check box if this address	SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS
TRUSTEES	differs from the address on the	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (2/4) 992-2779	envelope sent to you by the court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here repla	
	Check here I repla	a previously filed claim dated
1 BASIS FOR CLAIM Retir	ee benefits as defined in 11 U S	C § 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death Wagi	es salaries, and compensation (	fill out below)
Administration of the	four digits of your SS #	(not for loan balances)
SEE EXHIBIT A	ild compensation for services pe	
2 DATE DEBT WAS INCURRED NOV 11 200 Z 31	F COURT JUDGMENT, DATE O	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best de		
See reverse side for important explanations	SECURED CLAIM	
UNSECURED NONPRIORITY CLAIM \$ 1.709 011  Check this box if a) there is no collateral or lien securing your claim or b) your claim.	Check this box if you	our claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim entitled to priority	a right of setoff)  Brief description of	collatoral
UNSECURED PRIORITY CLAIM	Real Estate	
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral	
Amount entitled to priority \$		ಿ <u>೧೫೯೪೦ ಎಗ</u> nd other charges <u>at time case filed</u> included in
Specify the priority of the claim	secured claim, if any	\$ 25 305
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward	ard purchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	-	or household use -11 U S C § 507(a)(7)
business whichever is earlier - 11 U S C § 507(a)(4)		vernmental units - 11 U S C § 507(a)(8) agraph of 11 U S C § 507(a) ( )
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	* Amounts are subject to adju-	stment on 4/1/07 and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 1.709 011 \$ 1.70	9,3/1 \$	nced on or after the date of adjustment
AT TIME CASE FILED (unsecured)	(secured)	(prionty) (Total)
Check this box if claim includes interest or other charges in addition to the princ	pal amount of the claim Attach ite	*****
6 CREDITS The amount of all payments on this claim has been credited as	nd deducted for the purpose of n	naking this proof of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments, mortgages security agreem	such as promissory notes pure	chase orders, invoices, itemized statements of
DOCUMENTS If the documents are not available, explain If the documents	ents and evidence of perfection ents are voluminous, attach a sui	mmary
8 DATE-STAMPED COPY To receive an acknowledgment of the filing proof of claim	of your claim enclose a stampe	d self-addressed envelope and copy of this
The original of this completed proof of claim form must be sent by m	all or hand delivered (FAXES N	OT THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, preva for each person or entity (including individuals, partnerships, corporate	uling Pacific time, on Novemb	er 13, 2006 USF ONLY
governmental units)	-	
BMC Group BMC		FILHO JAN 12 ZUU/
P O Box 911 13301	JSACM Claims Docketing Cente East Franklin Avenue	
El Segundo CA 90245-0911 El Seg	jundo CA 90245	1104 0140
DATE SIGN and print the name and title if any of the credit this claim (attach copy of power of attorney if a		USA CMC
70×3766	Genel L Brecht	, Trustee 1072502178
	<del> </del>	

## FORM B10 (Official Form 10) (10/05)

United States Bankrupicy Court	Diameter		
Name of Debtor	DISTRICT OF 1	Nevada	PROOF OF CLAIM
	Case Number		
USA COMMERCIAL MURTGAGE COMPAN		5-2BR	
NOTE This form should not be used to make a claim for an admin of the cise. A request for payment of an administrative expense m	strative expense arising at ny be filed pursuant to 11	fter the commencement USC § 503	
Name of Creditor (The person or other entity to whom the	Check box if you	are aware that anyone	
debtor owes money or property)  MICHAEL S FREEDUS DAS PC  DEFINED BENEFIT PENSION PLAN	else has filed a pro	oof of claim relating to h copy of statement	
DEFINED BENEFIT PENSION PLAN 2533 LAKE RD DELANSON NY 12053	giving particulars	it copy of statement	
Name and address where notices should be sent 4212  MICHAEL FREEDUS, DDS	notices from the b	have never received any pankruptcy court in this	
2535 LAKE ROAD	Case Check box if the a	ddress differs from the	
DELANSON, NY 12053 Telephone number 5,8-864-5032	address on the env	elope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor		eplaces	The state of the s
identifies debtor		•	ed claim dated
1 Basis for Claim	Retiree	benefits as defined in 1	LUSC 8 1114(a)
Goods sold	Wages	salaries, and compensa	ition (fill out below)
Services performed Money loaned	Last for	ur digits of your SS # _	
Personal injury/wrongful death		l compensation for serv	
Other SEE EXHIBIT A	from	t (date)	(date)
Date debt was incurred  5 JUNE, 2005	3. If court jud	dgment, date obtained	
5.2,200			
4 Classification of Claim Check the appropriate box or boxes th See reverse side for important explanations			of the claim at the time case filed
Unsecured Nonpriority Claim \$ 251,370-92	Secured C		
Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it, or if c) if only part of your claim is entitled to priority	claim, or a right of se	this box if your claim is etoff)	secured by collateral (including
	Brief	Description of Collateral	l
Unsecured Priority Claim			/ehicle Other
Check this box if you have an unsecured claim all or part of we entitled to priority	nen is	of Collateral \$ UN	
Amount entitled to priority S	Amount of a secured class	arrearage and other charg m if any \$ 1370.5	ges <u>at time case filed</u> included in
Specify the priority of the claim	Up to \$2 225*	of deposits toward pure	chase, lease or rental of property
Domestic support obligations under 11 USC \$ 507(a)(1)(A) or (a)(1)(B)	or services for § 507(a)(7)	personal family or hou	isehold use - 11 U S C
Wages salaries, or commissions (up to \$10,000),* earned within	Taxes or penal		tal units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debto business whichever is earlier 11 U S C \( \delta 507(a)(4)	s Unier - Specify		of 11 USC § 507(a)()
Contributions to an employee benefit plan - 11 USC § 507(a)	THE PERSON OF TH	ect to adjustment on 4/1/ cases commenced on or	/07 and every 3 vears thereafter rafter the date of adjustment
5 Total Amount of Claim at Time Case Filed			
Professional Control of the Control	\$ 251,370.92 (unsecured)		251,370-92
Check this box if claim includes interest or other charges in additional charges	ion to the principal amo	unt of the claim Attach	riority) (Total) itemized statement of all
6 Credits The amount of all payments on this claim has been or			
making this proof of claim			HIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting document	s such as promissory n	iotes, purchase	
triders invoices itemized statements of running accounts, contract	s court audomente mon	decorate accounts.	
agreements and evidence to perfection of their DO NOT SENE	ORIGINAL DOCUME	ONITE TO AL.	4 2007
8 Date-Stamped Copy To receive an acknowledgment of the film	nous attach a summary	a stamped arts EIN FT	JAN II LOU /
documents are not available explain If the documents are volum  8 Date-Stamped Copy To receive an acknowledgment of the filling addressed envelope and copy of this proof of claim	5 or Join Claim Enclose	a stamped self-T ILL	
Sign and print the name and title if any of the	creditor or other person	authorized to	
, a n j instrumentation copy of power of attorn	y if any) SICREGIOS IDD	i i	
Michael Hanokora XXC -	- 1	1,03122	USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500 000 or in	rus ree		
of up to \$500 000 or i	nprisonment for up to 5 y	years or both 18US	1072502144

Case 06-10725-gwz Doc 8494-	-3 En	tered 06/17/11 17:	54:54 Pag	<u>ge 7 of 12</u>
	PRO	OF OF CLAIM		
Name of Debtor	Case Nu	mber		
USA Commercial Mortgage Company	06-107	'25-LBR		
OSA Commercial mortgage Company	00-107	ZO-LDIK		
NOTE See Reverse for List of Debtors and Case Numbers				
This form should not be used to make a claim for an administrative exp		Check box if you are aware that anyone else has		
larising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503.	or an	filed a proof of claim relating		Y OWED MONEY BY A BORROWER
Name of Creditor and Address		to your claim Attach copy of statement giving particulars	DEBTORS YOU D	BEING SERVICED BY THE O <u>NOT</u> HAVE TO FILE A PROOF
11321242037456	6	Check box if you have		INCLUDES MONEY FROM THAT  D IN THE COLLECTION ACCOUNT
MONIGHETTI PETE		never received any notices		
6515 FRANKIE LANE PRUNEDALE CA 93907		from the bankruptcy court or BMC Group in this case	SECURED INTER	S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
		Check box if this address	ONE OF THE DEE	BTORS eady filed a proof of claim with the
	İ	differs from the address on the envelope sent to you by the		or BMC you do not need to file again
Creditor Telephone Number ( )		court.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor	Check here replac	2 Dreviouely	filed claim dated
		if this claim amen		mod dami dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	_	salanes and compensation (	fill out below)	Other claims against servicer (not for loan balances)
☐ Services performed ☐ Taxes ☐ Money loaned ☐ Other (describe briefly)		digits of your SS#		
Collective briefly	Unpaid c	ompensation for services per	TOTT DEMTOR	to
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(0010)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best descri	be your claim and state the amo	unt of the claim at th	ne time case filed
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b)	your claim	البسط	our claim is secur	ed by collateral (including
exceeds the value of the property securing it or if c) none or only part of yo entitled to priority	our claim is	a right of setoff)  Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate	_	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	T MOCOL ASTROIG	
Amount entitled to priority \$			nd other charges	at time case filed included in
Specify the priority of the claim		secured claim, if any		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward		
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	<b></b> -	services for personal family of		
business whichever is earlier 11 U S C § 507(a)(4)	늗	Taxes or penalties owed to go  Other Specify applicable para		•
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	اسبا	* Amounts are subject to adjus	stment on 4/1/07 an	d every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$	1000	with respect to cases commen	ced on or after the	
AT TIME CASE FILED (unsecured)	1,509		( priority)	\$ 1,509,96353 (Total)
Check this box if claim includes interest or other charges in addition to the		•	**	` ,
6 CREDITS The amount of all payments on this claim has been cred	· · ·			
7 SUPPORTING DOCUMENTS Attach copies of supporting docu				
running accounts contracts, court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the d	agreement	s and evidence of perfection	of lien DO NO	T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the			•	envelope and copy of this
proof of claim				
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm.				THIS SPACE FOR COURT
for each person or entity (including individuals, partnerships, c				USE ONLY
governmental units) BY MAIL TO		OR OVERNIGHT DELIVERY TO		FILED
BMC Group Attn USACM Claims Docketing Center	Attn USA	up .CM Claims Docketing Cente	,	
P O Box 911	1330 East	t Franklin Avenue do CA 90245		NOA 10 5008
DATE SIGN and point the name and title if any of the		<del></del>		USA CMC
this claim (attach copy of power of attorn				
11004				1072501208

Case 06-10725-gwz Doc	: 8494-3 Entered 06/1	7/11 17:54:54 Page 8 of 12
UNITED STATES BANKRUPTCY COURT-DIS		PROOF OF CLAIM -Chapter 13 12 11 12 7 12 Other_
Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	(This space for court use)
NOTE This form should NOT be used to make a claim for an administrat the case. A "request—for payment of an administrative expense may be fil	ove expense arising after the commencument of ed pursuant to 11 U.S.C. Section 503	
Name of Creditor (The person or other entity to whom the debtor owes moncy or property)  George J Motto, individually and on behalf of his Individual Retirement Account	Of heck box if you are aware that anyone clse has filed a proof of claim relating to your claim Attach copy of statement giving particulars	
Name & address where notices should be sent Joe Laxague, Esq Cane Clark LLP 3272 E Warm Springs Las Vegas, NV 89120 Telephone number (702)312-6255	☐Check box if you have never received any notices from the bankruptcy court in this case ☐Check box if the address differs from the address on the covelope sent to you by the court.	
Account or other number by which creditor identifies debtor	Check here if this claim □replaces □amends a p	previously filed claim, dated
1 BASIS FOR CLAIM  Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	☐ Retirce benefits as defined in 11 U ☐ Wages salaries and compensation Your Social Security # ☐ ☐ Unpaid compensation for servi (date)	on (FILL OUT BELOW)
2 Date debt was incurred varies	3 If court judgmen	it, date obtained
4 Total amount of claim at time case filed <u>\$</u> : see attachments)  If all or part of your claim is secured or entitled  □ Check this box if claim includes interest, or other charges	d to priority, also complete Item 5	5 or 6 below
5 Secured Claim Check this box if your claim is secured by collateral (including a right of setoff)  Brief description of collateral Real Estate	unsecured priority claim  Im  sessions up to \$4,650* earned within 90 days picty petition or cessation of the debtor's her- 11 U S C § 507(a)(3)  yee benefit plan 11 U S C § 507(a)(4) toward purchase lease or rental of property unity or household use- 11 U S C § 507(a)(6) support owed to a spouse former spouse or 7)  governmental units 11 U S C § 507(a)(8) e paragraph of 11 U S C § 507(a)()  4/1/98 and every three years thereafter with respect to cases stment.	
7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  8 Supporting documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of hen DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous attach a summary.  9 Date-Stamped copy. To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and a copy of this proof of claim.		(This space for court use)  FILED NOV 13 2006
Date Sign and print the name and title if any of authorized to file this claim (attach copy of John J Laxague, Esq	USA CMC	
Penalty for presenting fraudulent claim Fine of up to \$500	000 or imprisonment for up to 5 years	or both 18 USC §§ 152 & 3571

FORM B10 (Official Form 10) (10/05)

	PANCEURA V. COURT	Die		Nd-		
UNITED STAILS	BANKRUPICY COURT	DIS	TRICT	OF Nevada		PROOF OF CLAIM
Name of Dubtor USA Co	ommercial Mortgage Compa	Case	Number 06	-1072:	5-LBR	
	should not be used to make a claim for an admini- nucst for payment of an administrative expense ma					
Paul Oste	er, an unmarried man	else you givi	has filed r claim / ng partici	you are aware the proof of claim Attach copy of sulars	relating to tatement	
Paul Osta Pr 30x 3 Mammoth	Lakes, CA 93546	Case Che	eck box if	the bankruptcy of the address difference envelope sent	ers from the	
Telephone number	760 934- 3026 account or other number by which creditor	the	court. ck here	replaces		THIS SPACE IS FOR COURT USE ONLY
identifies debtor	-	ıf th	us claım	amends a p	reviously file	ed claim dated
Money Persona	sold s performed		W L	lages salaries a ast four digits o inpaid compensations	nd compense f your SS # atton for serv	
2 Date debt w		3.	If cou	rt judgment, d	ate obtained	
See reverse side Unsecured Nonp  Check this be by your claim excess only part of your claim excess only part of your claim. Check this be entitled to priority.  Amount entitled to Specify the priority of Domestic support (a)(1)(B)  Wages salaries days before filing of business whichever Contributions  Total Amount Check this box	ox if you have an unsecured claim all or part of various priority \$	which is  or  in 180  in 180  in 180  a)(5)	Amou secure Up to \$2 or service \$ 507(a) Taxes or Other mounts ar with resp	Check this box 1 of setoff)  Brief Description Real Estate Value of Collate ant of arrearage and claim if any  2,225* of depositions for personal (a)(7)  r penalties owed Specify applications and prect to cases continued to cases continued (a)(2)(3)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)	f your claim in of Collater.  In of Collater.  Motor cral \$	rechase lease, or rental of property pusehold use - 11 U S C § 507(a)(8) of 11 U S C § 507(a)()  1/07 and every 3 years thereafter or after the date of adjustment
interest or addit	ntional charges.  e amount of all payments on this claim has been	credited a	and dedu	cted for the purp	ose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting De orders invoices agreements and documents are n  8 Date-Stamped	of of claim  ocuments. Attach copies of supporting documents attements of running accounts control evidence of perfection of lien. DO NOT SEN not available explain. If the documents are voluted to the copy. To receive an acknowledgment of the figure and copy of this proof of claim.  Sign and print the name and title if any, of file this claim (attach copy of power of atto	nents, such racts court ND ORIGII iminous, at iling of you	as promi judgmen NAL DO tach a sur ir claim,	ssory notes, pur its, mortgages, so CUMENTS If mmary enclose a stamp	chase ecurity the ed, self-	ED JAN 11 2007
	Pauloster					1072502082

	Case	00-10/23-4WZ _ DUC 0	) <del>4</del> ,54,	'J LI	IIÈLEM DOLT LLT	<u>,                                    </u>	14.04 Fau	E IO OLIZ	
		Dase (britanizaria)	Clam		OOF OF CL		Page 1 of	13	<u> </u>
Na	me of Debtor:	CHANTING SECOND SECTION SECTION SECTION SECTION SEC	Case Number:		ımber:				
	USA Commercial M	ortgage Company		06-10	725-LBR				
This aris	s form should not be used ing after the commencement	of Debtors and Case Numbers. to make a claim for an administrati ent of the case. A "request" for pay be filed pursuant to 11 U.S.C. § 503	yment o		Check box if you aware that anyone els	e has elating		Y OWED MONEY BY A BOR BEING SERVICED BY THE	ROWER
Na	me of Creditor and PERRONE, N 5112 SAN AN LAS VEGAS	Address: 11321242 NICHOLAS NSELMO ST NV 89120		2	to your claim. Attach of statement giving particle.  Check box if you in never received any not from the bankruptcy of BMC Group in this case.  Check box if this differs from the address envelope sent to you be court.	have pices ourt or se, address ss on the	DEBTORS YOU DOF CLAIM. THIS BORROWER HELD DO NOT FILE THIS SECURED INTER ONE OF THE DEED If you have alres Bankruptcy Court.	IO <u>NOT</u> HAVE TO FILE A PRINCLUDES MONEY FROM TO DIN THE COLLECTION ACC S PROOF OF CLAIM FOR A EST IN A BORROWER THAT	TIS NOT
	ditor Telephone Number (	other number by which creditor idea	ntifies (	debtor:				E IS FOR COURT USE U	IVIL Y
		other humber by which creditor idea	nuiles (	lebtor.	Check here If this claim	replac or amen	a previously	filed claim dated:	
1, E	BASIS FOR CLAIM			Retiree I	penefits as defined in	11 U.S.	C. § 1114(a)	Unremitted principal	
	Goods sold Services performed	Personal injury/wrongful death Taxes			salaries, and comper	nsation (	fill out below)	Other claims against (not for loan balances)	service )
1	Money loaned	Other (describe briefly)		Unpaid o	compensation for sen	vices pe	rformed from:	(date) to (date)	
	ATE DEBT WAS INCUR				OURT JUDGMENT,				
	CLASSIFICATION OF CLA see reverse side for important	AIM. Check the appropriate box or bo	xes that	t best descr	ibe your claim and state	the amo	unt of the claim at the	ne time case filed.	
1	ISECURED NONPRIORIT	•			SECURED CL	MIA			
	Check this box if: a) there is exceeds the value of the pro	s no collateral or lien securing your claim operty securing it, or if c) none or only p			Check this a right of s	-	our claim is secur	ed by collateral (including	
IIN	entitled to priority. SECURED PRIORITY CL	AIM			Brief descr	iption of	collateral:	_	
		an unsecured claim, all or part of which	is		Real Es		☐ Motor Vehicle \$	Other	············
	Amount entitled to priority  Specify the priority of the cla	\$			Amount of arre secured claim,	arage ar	nd other charges	at time case filed included	d in
	Domestic support obligation	ns under 11 U.S.C. § 507(a)(1)(A) or (a)			•	osits towa	ard purchase, lease	or rental of property or	
	before filing of the bankrupte business, whichever is earlie	ssions (up to \$10,000)*, earned within 18 cy petition or cessation of the debtor's ier - 11 U.S.C. § 507(a)(4).	ou days	F		wed to go	vernmental units - 1	1 U.S.C. § 507(a)(8).	
	Contributions to an employe	ee benefit plan - 11 U.S.C. § 507(a)(5).		<b></b>		ct to adjus	stment on 4/1/07 an	d every 3 years thereafter	
	OTAL AMOUNT OF CLA AT TIME CASE FILED:	M \$	_ \$	736	089 \$			\$	
		(unsecured) udes interest or other charges in additi	ion to th	•	secured) amount of the claim.	Attach ite	( priority) mized statement of	(Total) f all interest or additional cha	rges.
7. \$	SUPPORTING DOCUM running accounts, contract	f all payments on this claim has be #IENTS: <u>Attach copies of supportin</u> ts, court judgments, mortgages, se uments are not available, explain.	o docu	<i>iments,</i> su	uch as promissory no	tes, puro	chase orders, invo	oices, itemized statements	of
	proof of claim.	Y: To receive an acknowledgmen						envelope and copy of this	
;	ACCEPTED) so that it is for each person or entity	pleted proof of claim form must be actually received on or before 5: (including individuals, partners)	00 pm	, prevailir	ng Pacific time, on N	iovembe	er 13, 2006	THIS SPACE FOR CO USE ONLY	URT
1	governmental units). BY MAIL TO: BMC Group	444			OR OVERNIGHT DELI				
1	Attn: USACM Claims Dock	keting Center		Attn: USA	up ACM Claims Docketin				
	P. O. Box 911 El Segundo, CA 90245-09	911		1330 Eas	t Franklin Avenue do, CA 90245				
		SIGN and print the name and title, if ar this claim (attach copy of power	ny, of the	e creditor o	r other person authorize	ed to file			
	112106		1						

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	District of Nevada	PROOF OF CLAIM
Name of Dubtor USA COMMERCIAL MORTGAGE CO	Case Number 06-10725 LBR	, recor or obtain
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma	strative expense arising after the commencement	7
Name of Creditor (The person or other entity to whom the debtor owes money or property)  R. L. ALLGEIER FAMILY TRUST  DATES 10/4 1997  Name and address where notices should be sent  ROBERT ALLGEIER  TO SHAMIRCELL GIRCLE	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  Check box if you have never received an notices from the bankruptcy court in this case.	y s
Telephone number 775/782-6634	Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here Vreplaces  if this claim amends a previously f	iled claim dated 12/12/06
I Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined in Wages salaries and comper Last four digits of your SS # Unpaid compensation for se from	sation (fill out below)  f  rvices performed
2 Date debt was incurred 6 15 2004 - 4/12/2006	3 If court judgment, date obtain	ed
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations  Unsecured Nonpriority Claim \$	Secured Claim  Check this box if your claim a right of setoff)  Brief Description of Collate Real Estate Moto Value of Collateral \$\square\$  Amount of arrearage and other changes are claim, if any \$\square\$  Up to \$2 225* of deposits toward por services for personal family or \$507(a)(7)  Taxes or penalties owed to governing or \$507(a)(7)  Taxes or penalties owed to governing or \$4mounts are subject to adjustment on with respect to cases commenced on \$10(5)	peral  or Vehicle Other  parges at time case filed included in the case filed including included in the case filed included
5 Total Amount of Claim at Time Case Filed  Check this box if claim includes interest or other charges in additional charges	(unsecured) (secured)	(priority) (Total)
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are voluing addressed envelope and copy of this proof of claim.	ents, such as promissory notes purchase acts court judgments mortgages, security FID ORIGINAL DOCUMENTS If the minous attach a summary	This Simci is for Court Usi Only  ED JAN 12 2007
Date Sign and print the name and title if any of the file this plain (attach copy of power of attor	mey if any)	USA CMC

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM	YOUR CLAIM IS SCHEDULED AS
Name of Debtor	Case Number		Schedule/Claim ID s32544
USA Commercial Mortgage Company	06-10725-LBR		Amount/Classification
			\$12 951 80 Unsecured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment		Check box if you are aware that anyone else has	
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim. Attach copy of	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If
Name of Creditor and Address  113212400 SIERRA WEST INC	02173	statement giving particulars  Check box if you have never received any notices	you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below
PO BOX 8346 INCLINE VILLAGE NV 89452 8346		from the bankruptcy court or BMC Group in this case  Check box if this address	If the amounts shown above are listed as Contingent Unitiquidated or Disputed, a proof of claim must be filled
	<u>,                                     </u>	differs from the address on the envelope sent to you by the court	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number ( ) 775 83(.8346) Last four digits of account or other number by which creditor identifies	debtor		THIS SPACE IS FOR COURT USE ONLY
	deptot	Check here replace or amen	a previously filed claim dated
1 BASIS FOR CLAIM	Retiree I	penefits as defined in 11 U S	C § 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	•	salaries and compensation ( r digits of your SS #	(fill out below)
Money loaned Other (describe briefly)		compensation for services pe	
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE C	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that			
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$ 31 263		SECURED CLAIM	
exceeds the value of the property securing it or if c) none or only part of you	our claim r claim is	a right of setoff)	our claim is secured by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	_
Check this box if you have an unsecured claim all or part of which is entitled to priority		X Real Estate L  Value of Collateral	<del></del>
Amount entitled to priority \$			nd other charges at time case filed included in
Specify the priority of the claim		secured claim if any	\$ 374, 320 32
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000) earned within 180 days			rd purchase lease or rental of property or r household use 11 U.S.C. § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)		i i	vernmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L.	Amounts are subject to adjus	agraph of 11 U S C § 507(a) () etment on 4/1/07 and every 3 years thereafter deed on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 31263 \$	394	320.32 \$	\$ 425,583.32
(unsecured)	•	secured)	( pnority) (Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim Attach ite	mized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cree 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the	<i>ıments,</i> sı agreemen	uch as promissory notes pure ts and evidence of perfection	chase orders invoices itemized statements of not lien. DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units)	ı, prevaili	ng Pacific time, on Novemb	per 13, 2006 USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911	BMC Gro Attn USA 1330 Eas	OR OVERNIGHT DELIVERY TO up \CM Claims Docketing Cente t Franklin Avenue do CA 90245	ELED MON U & SOUR
DATE    I	creditor or		USA CMC
וו וכשודו משאיונו	Dunce	- personer !	